

FORM PTO-1082
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

EXPRESS MAIL NO. EL145250505US
Case Docket No. 60307-5001
Date: August 20, 1999

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): DR. WENYUAN SHI AND DR. MAXWELL H. ANDERSON

For: METHOD FOR THE TREATMENT AND PREVENTION OF DENTAL CARIES

Enclosed are:

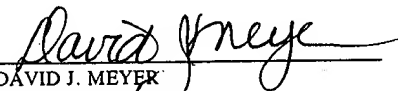
[0]: Sheet(s) of drawing (☐ formal ☐ informal) + ___ extra copies

- ☐ An assignment of the invention to _____
- ☐ Will follow.
- ☐ A certified copy of _____
from which priority is claimed in the subject case pursuant to Rule 55(b) and 35 USC 119(a)-(d).
- ☐ Will follow.
- ☐ A Power of Attorney by Assignee and Exclusion of Inventor Under Rule 3.71.
- ☐ A Verified Statement to Establish Small Entity Status under 37 CFR 1.9 and 37 CFR 1.27.
- ☒ Declaration (Unsigned)
- ☐ Recordation Form Cover Letter (Form PTO 1595)
- ☐ Information Disclosure Statement (Form PTO 1449), with _____ attachments
- ☐ Petition to Make Special under 37 CFR §1.102 and MPEP §708.02(VIII).

FOR:	NO. FILED	NO. EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
			RATE	FEE		RATE	FEE
BASIC FEE				\$ 380			\$ 760.00
TOTAL CLAIMS	12 - 20	0	x 9 =	\$	OR	x 18 =	\$
INDEP CLAIMS	2 - 3	0	x 39 =	\$	OR	x 78 =	\$
MULTIPLE DEPENDENT CLAIMS PRESENTED			+ \$130			+ \$260	
TOTAL				\$:			\$ 760.00

- ☐ Please charge my Deposit Account No. 10-0440 the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$760.00 to cover the filing fee is enclosed.
- ☐ Check for \$40.00 covering Recordation of Assignment fee enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0440. A duplicate copy of this sheet is enclosed.
 - ☒ Any additional filing fees required under 37 CFR 1.16.
 - ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 10-0440. A duplicate copy of this sheet is enclosed.
 - ☐ Any patent application processing fees under 37 CFR 1.17.
 - ☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).
 - ☐ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,


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PTO-1082.UTY

Rev. 06/1/94

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:
Dr. Wenyuan Shi and Dr. Maxwell H. Anderson

Group Art Unit:

Serial No.: To Be Assigned

Examiner:

Filed: August 20, 1999

For: METHOD FOR THE TREATMENT
AND PREVENTION OF DENTAL
CARIES

CERTIFICATE OF MAILING

The Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

"Express Mail" Mailing Label No.: EL145250505US.

Date of Deposit: August 20, 1999.

I hereby certify that patent application papers, including: Application for Patent (21 pages of specification, including 4 pages of claims); Declaration and Power of Attorney (unsigned); Letter of Transmittal (Form PTO-1082) (duplicate); Check No. 126337 for \$760.00; and return postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

August 20, 1999

(Date of Deposit)

David J. Meyer

(Name of Person Mailing Paper or Fee)

David J. Meyer
(Signature)